

FILED DEC 3- 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39557

STATE FILE NUMBER

Registration District No. 62 Primary Registration District No. 4108 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Stockton</u>				c. CITY OR TOWN <u>Stockton</u>			
c. FULL NAME OF (If NOT in hospital, give location) <u>INSITUATION</u>				d. STREET ADDRESS <u>4 Miles South</u>			
3. NAME OF DECEASED (Type or print) First <u>MYRTLE</u> Middle <u>(NONE)</u> Last <u>BOVELLE</u>				4. DATE OF DEATH <u>Nov. 21, 1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 19, 1882</u>	
9. AGE (In years last birthday) <u>74</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Shelby, Nebraska</u>	
13. FATHER'S NAME <u>George Darlington</u>				14. MOTHER'S MAIDEN NAME <u>Josephine McClure</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>495-40-31688</u>			
17. INFORMANT <u>J. Harvey Bovell</u>				Address <u>Stockton, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>Arteriosclerotic Cardiovascular disease</u> DUE TO (c) <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u>a. m.</u> Month, Day, Year <u>p. m.</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from _____, to _____ and last saw her/him alive on <u>11-21-57</u> Death occurred at <u>9:15 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Type or print) <u>Wm. B. Richter M.D.</u>				22b. ADDRESS <u>Stockton Mo.</u>		22c. DATE SIGNED <u>11-22-57</u>	
23a. BURIAL, CREMATION, RECOVERY, (Specify)		23b. DATE <u>11-24-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Gum Springs Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cedar County, Mo.</u>	
24. FUNERAL DIRECTOR <u>Cantlon Fun. Home, Stockton, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11-23-57</u>		26. REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John A. Cantlon*

Licensed Embalmer No. *438*

P. O. Address *Stoughton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.